

AMENDMENT TRANSMITTAL LETTER (SMALL)

Applicant(s): Roback

Docket No.

50508-1030

Serial No.  
10/602,981

Filing Date  
June 24, 2003

Examiner  
Cross, L.I.

Confirmation No.  
2039

Group Art Unit  
1743

Invention: Immunological Assay System and Method

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is Response to First Office Action (With Amendments) in the above-identified application.

The fee has been calculated and is transmitted as shown below

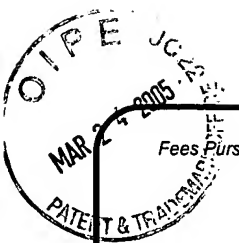
CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	46 =	0	X \$25.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$65.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Cynthia J. Lee  
Cynthia J. Lee, Reg. No. 46,033

03/21/05  
Date



Effective on 12/08/2004

Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005****Complete if Known**Application Number **10/602,981**Filing Date **June 24, 2003**First Named Inventor **Roback**Examiner Name **Cross, L.I.**Art Unit **1743**Attorney Docket No. **5050-1031**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$65.00)****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESSIVE CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =			

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if great than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP =			

HP = highest number of total claims paid for, if great than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: **Terminal Disclaimer****Fee Paid (\$)****65.00****SUBMITTED BY**

Complete (if applicable)

Signature

Registration No.

**46,033**

Telephone Number

**770-933-9500**

Name: (Print/Type)

**Cynthia J. Lee**Date: **03/21/05**



**CERTIFICATE OF MAILING**

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on March 21, 2005.

J. Pomonis  
Jennifer Pomonis

In Re Application of:

**Roback**

Serial No.: **10/602,981**

Filed: **June 24, 2003**

For: **Immunological Assay System and Method**

Confirmation No.: **2039**

Group Art Unit: **1743**

Examiner: **Cross, L.I.**

Docket No. **50508-1031**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal Page  
Response  
Terminal Disclaimer  
Credit Card Authorization Form in the amount of \$65.00 for  
filing a Terminal Disclaimer  
Fee Transmittal  
Certificate of Mailing

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.